

LETTERS to the Editor

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The Meaning of *Dysmature*

To the Editor: I should like to question Dr. Gluck's use of the term *dysmature* to describe all babies "who at birth are small for their length of gestation."¹ Classically this term has been used to describe babies who are long and thin at birth.^{2,3} The implication being that these babies are born malnourished secondary to placental dysfunction.

Many descriptive phrases have been coined to describe the baby who is both light of weight and short in length at birth, *e. g.* pseudoprematurity,⁴ intrauterine growth retardation,⁵ low-birth-weight dwarfism,⁶ small-for-dates, and small-for-gestational age.⁷ To widen the concept of the word *dysmature* to include infants affected by a variety of genetic and chromosomal diseases, multiple malformation syndromes and intrauterine infections would, it seems to me, only lead to further confusion.

The confusion already present in the literature is aptly shown by a recent article⁸ which proposed to demonstrate fetal asphyxia in infants with intrauterine growth retardation. Actually what the authors described was fetal distress in *dysmature* babies,⁹ a finding published at least 14 years previously.²

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3. Clifford SH: *Dysmaturity—A plea for recognition*. *Ob Gyn Observer* Jul-Aug, vol 2, 1963

4. Soderling B: Pseudo-prematurity. *Acta Paediatr* 42:520-525, 1953

The CALPAC Record

To the Editor: As Chairman of the California Medical Political Action Committee (CALPAC) I would like to salute you for your very excellent and perceptive editorial (AMPAC-CALPAC) in the November issue of California Medicine.

Now that the November election results are known, I would like to report to you on our record of success. Totally, we contributed to 130 candidates running for state and federal office in California. Fifty-seven percent of them were Republicans and 43% were Democrats. Three of these candidates were defeated in the June primary and two were not up for re-election until 1974. Of the remaining 125 who appeared on the November ballot, 108 were elected to office. Our success record of 86% is unsurpassed in light of the extent of our political action activity.

As you stated "political committees are important, but alone they are not enough, and this truth should never be forgotten." Our hope, of course, is that medicine will take advantage of the opportunity that this political action affords and have in-put with those legislators on issues affecting the practice of medicine and our patients.

AMPAC and CALPAC's goal through political action is to establish a climate for improved com-

munication with our California lawmakers. Now it is incumbent upon physicians to use this entree to effectively present our case, intelligently explore our positions and seek their support or opposition on legislative proposals as they may or may not be in our best interests or our patients'.

Whether AMPAC-CALPAC's success can be transplanted to future legislative victories is the real test of our effectiveness. Only through continuing membership support can AMPAC-CALPAC be prepared to play an even more vital role in the 1974 elections, and only through physicians at the local level communicating with their legislators can the value of our political action be accurately appraised.

Sincerely,

JAMES C. MACLAGGAN, M.D.
*Chairman
CALPAC Board of Directors*

Multiple Prescription Blanks

To the Editor: I am replying to the letter written by Mr. Levine in your November 1972 issue.

Our office (four pediatricians) recently purchased a trial supply of multiple prescription blanks. Based on my initial experience with them, I must disagree with Mr. Levine. I like the system and so do our local pharmacists, so they've told me.

On the reverse side of the blank is a specifically designed space for just the information Mr. Levine stipulates the druggist will affix to the prescription and there is plenty of room for this purpose. Using the multiple prescription blanks there is less chance that the patient will lose a prescription or withhold one for a future date (in my experience a rather common problem).

As to the argument that mistakes may be made; well, any prescription is only as good as the pharmacist who fills it. And certainly accuracy is not too much to ask. This is more than amply rewarded by reduced filing space and more accurate and available prescription filing made possible by fewer prescriptions per patient. And

lastly it frankly reduces the redundancy of names, addresses, etc. that I have to write and allows me to spend more time on patient care.

In conclusion I think I'll keep my multiple prescription blanks.

MYRON M. FABER, M.D.
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Of Drugs and Races

To the Editor: There is apparently a large reservoir of strong opinion among diverse groups that many bad decisions were made at the recent Olympic Games in Germany. Among the most flagrant was the disqualification of Rick DeMont in the 400 meter swimming freestyle event for alleged violation of the rule against taking "pep pills," the loss of his gold medal and the later barring of his participation in the 1500 meter freestyle.

I have received a letter from Mr. Albert Schoenfield, editor and publisher of *Swimming World* magazine, informing me that a group is actively pursuing this matter with the object of persuading the U.S. Olympic Committee to appeal this before the International Olympic Committee when they will hear such matters in February.

May I take this opportunity to appeal through the pages of CALIFORNIA MEDICINE to readers who feel that the DeMont case was unjustly handled to indicate their concurrence by dropping a post card to CALIFORNIA MEDICINE. Since the circumstances leading up to the disciplinary action involve medical considerations to such a degree, it would be especially helpful, I think, to have a strong voice of protest from physicians.

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